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ABSTRACT

A study identified the competencies performed by the patient representative, a relatively new member of the health care team. An ad hoc advisory committee was formulated, and a working committee was formed from volunteers and people recommended by the ad hoc committee. The working committee identified the competencies required of the patient representative using the task analysis methodology. The draft of competencies was then reviewed by the ad hoc advisory committee, and the competency list was revised per recommendations. Following the three-page narrative, four appendixes are provided. These are the task analysis for the patient representative, a list of individuals who reviewed the task analysis, a list of working committee members, and a proposed job description for the patient representative. (YLB)

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FINAL REPORT

A Study to Identify Competencies Performed by Patient Advocate/Representatives in the Health Care Setting

(Project No. 8 4-131/132-600-2(161-162) (B)

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2. ABSTRACT

This study proposed to identify the competencies performed by the patient representative, a relatively new member of the health care team. An ad hoc advisory committee was formulated. A working committee was composed from volunteers and recommendations for the committee members from the ad hoc committee. The working committee identified the competencies required of the patient representative utilizing the task analysis methodology. The draft of competencies compiled by the working committee was then reviewed by the initial ad hoc advisory committee. The competency list was then revised per recommendations. (Copy in Appendix A)

3. BODY

a. Statement of the Problem:

The patient representative or advocate is a relatively new member in the health care team. The part-time representative serves as a liaison to solve patient-hospital and health care problems and concerns, assist in the interpretation of policies, procedures and service, discharge planning, and helps staff gain an awareness of patients' perception of the care experience.

Patient representatives are currently found employed in hospitals, nursing homes, health maintenance agencies, aging programs, and other community service agencies.

Maple Woods Community College had been contacted by area health care agencies expressing a need for and requesting an educational program to formally prepare the new members of the health care team - the patient representative. An investigation of surrounding educational institutions revealed an absence of existing programs addressing this need.

Communications with the Department of Elementary and Secondary Education failed to provide information leading to established curricula and programs. A search of the literature revealed that the current practicing part-time representative is a generalist with sufficient work experience and education to have credibility in the health care setting. Additional findings in the literature indicate that these individuals' personal qualities are extremely important, yet these are difficult to evaluate and are intangible.

Research findings indicate that some programs are in existence in other states but not at the associate degree level. These programs are identified by course title only.

The writer's search revealed that some current employees practicing in this role are enrolled in courses dealing with personal qualities, human relations, supervision, management, communications, and some medically-related courses. Upon determination of the competencies performed by these individuals an educational institution can develop courses of study and programs. This process will provide a sound basis from which curricula and programs can be structured.

b. Objectives:

1. Employ principal investigator. Dr. Amy Young has been the principal investigator.

2. Formulate ad hoc advisory committee. Completed - list attached in Appendix B.

3. Formulate working committee. Completed - list attached in Appendix C.

4. Develop competency list. Completed, list attached in Appendix A.

5. Review and revise competency list. Appendix A.

6. Recommendations to MWCC Board of Trustees to develop curricula to implement patient representative program. RCU final report will be submitted to the MWCC Board of Trustees.

7. Write final report and submit to RCU. Enclosed.

c. Population and Sample:

The Missouri/Kansas Chapter Patient Representative Organization group were utilized as the ad hoc advisory committee. From the group a working committee was formulated to develop the competency list. The competency list was then reviewed by the members of the Missouri/Kansas Chapter Patient Representative Organization. After review of the list by the group, the recommendations were reviewed by the working committee and the project director. The final competency list can be found in Appendix A. Comments from the ad hoc advisory committee that were reviewed by the working committee are also found in Appendix A.

d. Conclusions and Recommendations

Specific knowledge and skills that are unique to the patient representative were identified. It was also learned that many of the competencies performed by the patient representative are not unique to that specific job role, rather many of the competencies are general in nature. The general nature of many of the identified competencies lend themselves to other health care careers. A proposed job description is included in Appendix D for the patient representative.

It was the conclusion and recommendation of the working committee that developing a curriculum for solely patient representative is not feasible due to economics and placement. Rather, a curriculum should be developed that would be broader in scope and include some other disciplines of the health care team. This project did not permit the time nor the group expertise to identify the competencies required of other health care disciplines. Competency lists should be developed in other allied health areas, or alternative curricula development methods utilized in order that a program can be developed to include more than one discipline.

e. Disclaimer:

"The activity which is the subject of this report was supported in whole or in part by funds from the Department of Elementary and Secondary Education, Division of Career and Adult Education. However, the opinions expressed herein do not necessarily reflect the position or policies of the Missouri Department of Elementary and Secondary Education or the Division of Career and Adult Education, and no official endorsement should be inferred."

4. ATTACHMENTS

a. Procedures

See Appendix A, B, C, and D.

b. References:

Medline Search produced 35 citations on Patient/Representative, Patient/Advocate. Twenty selected citations were secured and reviewed prior to initiation of the project. A listing of these references are available in the project file at MWCC.

c. Bibliography:

None.

d. Instruments:

None.

e. Glossary:

For purposes of this study, the patient representative is defined as a relatively new member of the health care team. The representative serves as a liaison to solve the patient's hospital and health care problems and concerns, assist in interpretation of policies, procedures and service, discharge planning, and helps staff gain an awareness of the patient's perception of the health care experience.

Appendix A

Task Analysis

The Patient Representative

Interview potential employee, patient, family, staff

Hire employees

Evaluate employees

Fire employees

Schedule employees

Evaluate program

Prepare budget

Implement budget

Order supplies

Order capital equipment

Maintain inventory

Develop departmental policies and procedures

Write reports

Document daily activities

Conduct patient surveys

Tabulate survey results

Make recommendations according to survey results

Provide community education

Provide general orientation to all institutional staff

Conduct in-service programs

Maintain active membership in professional organization and participate in continuing education

Prepare written correspondence

Write proposals for changes

Prepare reports

Practice verbal and non-verbal communications

Practice listening skills

Mediate between patient, family, and staff

Apply principles of group dynamics ie: conflict negotation, stress, crisis intervention, problem solving

Develop patient handbook

Interpret health care agency policy to patient, family, and public

Practice professional ethics and confidentiality

Function within the health care organizational structure

Review, interpret and apply current legislation, trends, reimbursement methods and economics

Learn and use medical terminology, knowledge of tests and procedures and be able to interpret and explain

Practice effective interdepartmental relations

Act as liaison for patient rights

Develop and implement patient grievance mechanism

Recognize characteristics of patient population ie: cultural, religious, financial, etc.

Assist patient/family with non-medical needs by developing and utilizing internal and external resources

Orient newly admitted patients to health care institution

Coordinate quality assurance, safety and risk management with department

Provide patient and family support

Review medical record relative to patient complaint/concern

Plan, implement, and evaluate volunteer program

Relevant comments from the ad hoc advisory committee regarding the Task Analysis.*

1. Children's Mercy does not have a paid representative, hereby this does not apply to us.

2. Do we need anything about conducting meetings - understanding a group dynamics - or is this a given?

3. The task analysis your committe is working on seems very comprehensive. I personally do not do all the tasks listed, however, one of the three in our department would perform any one of the duties listed when necessary.

4. OK with the addition of: designing volunteer programs, recruiting volunteers, training volunteers, scheduling and evaluating volunteers.

5. This looks excellent! Very Comprehensive.

6. In my judgement, the attached list appears to be complete with no need of change.

7. At this time, I do not feel any changes are necessary in the list. It's amazing to see the tasks and/or duties we perform as a patient representative.

8. Looks complete.

9. It looks great.

10. OK.

11. Looks okay!

12. Excellent list - very thorough all though not all are in effect at this time. But as the program grows it is all very probable!

13. No changes - not all tasks apply to patient representatives in a military facility, but feel you have done an outstanding job.

14. I feel every task here would not be used in every hospital, but feel it is a good and thorough list.

15. I think that the above is very thorough for the patient representative task analysis.

*Some of the comments made are not relevant to this report and are not included here because they were specific to the institution where the respondent was employed. These comments would not be applicable to a curriculum or program that would prepare patient representatives to be employed in a variety of settings. However, these comments are on file at Maple Woods Community College.

Appendix B

List of people that reviewed the Task Analysis.

Sharon Gibson

Carol Peel

Donna Stauffer

Carol McAdos

Barbara Brown

Nancy Barber

Sharon Seibold

Steve Bunis

Michelle Babalian

Wanda Wiebe

Arlene Burt

Jean Richardson

Emma MacDonald

Jeanne Wichman

Virginia Wheatcroft

Carolyn Johnson

Betty Vanzant

Sister Marie Patricia

Elaine Creaden

Jeanette Rafiner

Appendix C

List of working committee members.

Arlene Burt

Betty Vanzant

Jeanne Wichman

Jean Richardson

Elaine Creaden

Wanda Wiebe

Jan Schultz

Appendix D

Job Description
The Patient Representative

The underlying focus of the patient representative's position is mediation between patient, family and staff.

1. The patient representative investigates and directs inquiries and complaints to appropriate hospital staff members and acts as intermediary to hospital administration on behalf of the patients and their families.

2. The patient representative assists in referring patients to appropriate services and resources and responds himself when other alternatives are not available.

3. The patient representative promotes establishment and maintenance of meaningful relationships with hospital personnel in order to enhance delivery of health care.

4. The patient representative functions as part of the mechanism for investigating patient care complaints that may involve the hospital or medical staff.

5. The patient representative attempts to evaluate the level of patient satisfaction with the hospital experience.

6. The patient representative collects data and channels information about patient care problems to appropriate departments and services in order to make recommendations for changes in hospital procedures and policies.

7. The patient represenative helps to sensitize health care professionals to the need to humanize patients' hospital experiences through new employee orientation as well as through ongoing training programs.

8. The patient representative encourages understanding and adherence by both staff and patients to the hospital's philosophy on patients' rights and responsibilities.

9. The patient representative participates in assessment of responses to incidents, if not properly responded to, could provoke a serious controversy or legal problem.

10. The patient representative participates in the hospital's risk management program.[1]

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[1]Essentials of Patient Representative Programs in Hospitals. Chicago: American Hospital Association 1978.

Working hours are generally daytime Monday through Friday with special provisions for on call or weekend coverage.

Starting salary ranges from $15,000 to $20,000 annually depending on geographical location, size of the health care institution, educational preparation and experience.

Personal characteristics that are highly desirable are maturity, sensitivity, empathy, tenacity, tact, good judgement, flexibility, and sense of humor.

A patient representative should be in good health as extensive walking and prolonged standing are required.